



South Dakota Mental Health Statistics Improvement Program (MHSIP)

Year 2003 Report: What Do Adult Consumers Say About Mental Health Services?

The South Dakota Mental Health Division initiated a project to obtain evaluations by consumers of services received from local community mental health centers in 1999. Random surveys were conducted of adult consumers who had serious and persistent mental illnesses. All eleven community mental health centers volunteered to participate in the initial project in 1999, and in subsequent projects in 2001 and 2002; these centers also are participating in the current Year 2003 surveys.

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Survey Distribution and Returns

The Year 2003 sample was drawn from all consumers with at least one service for the past three months. All adult consumers are SMI. For Year 2003 out of 912 surveys sent, 156 were returned as undeliverable because of a bad address, leaving 756 possible returns. Surveys were returned by 350 individuals, a return rate of 46%. Consumers were included in the subsequent analyses only if they had completed sufficient items to compute at least two of the MHSIP domains. Three hundred nineteen (334) consumers did this, a return completion rate of 44%. This is an outstanding result.

As shown in the table on the next page for Year 2003 the number of completed surveys for each CMHC varied from 12 to 41. The completion percentage varied from a low of 29% to a high of 51%. The CMHC associated with 3 surveys were not able to be identified. Only one CMHC, Three Rivers, had fewer than 15 returns. This was also the CMHC with the lowest adult consumer population and the highest return rate.

Number of Surveys Completed by CMHC for each Year

PROVIDERS	Grand Total	Year 1999	Year 2001	Year 2002	Year 2003	Sent Out	% Com- plete
Not Available	22	0	15	4	3		
Behavior Management Systems	162	50	41	39	32	80	40.0%
Capital Area Counseling	119	9	47	40	23	80	28.8%
Community Counseling Services	159	19	52	47	41	80	51.3%
Dakota Counseling Institute	131	14	44	47	26	80	32.5%
East Central Mental Health	139	8	55	44	32	80	40.0%
Human Service Agency	149	30	46	37	36	80	45.0%
Lewis and Clark Behavioral Health Services	124	19	39	41	25	80	31.3%
Northeastern Mental Health Center	148	34	45	41	28	80	35.0%
Southeastern Behavioral HealthCare	174	55	39	39	41	80	51.3%
Southern Plains Behavioral Health Services	121	11	41	34	35	76	46.1%
Three Rivers Mental Health	25	2	4	7	12	25	40.0%
Totals	1473	251	468	420	334	821	1473

Findings Statewide

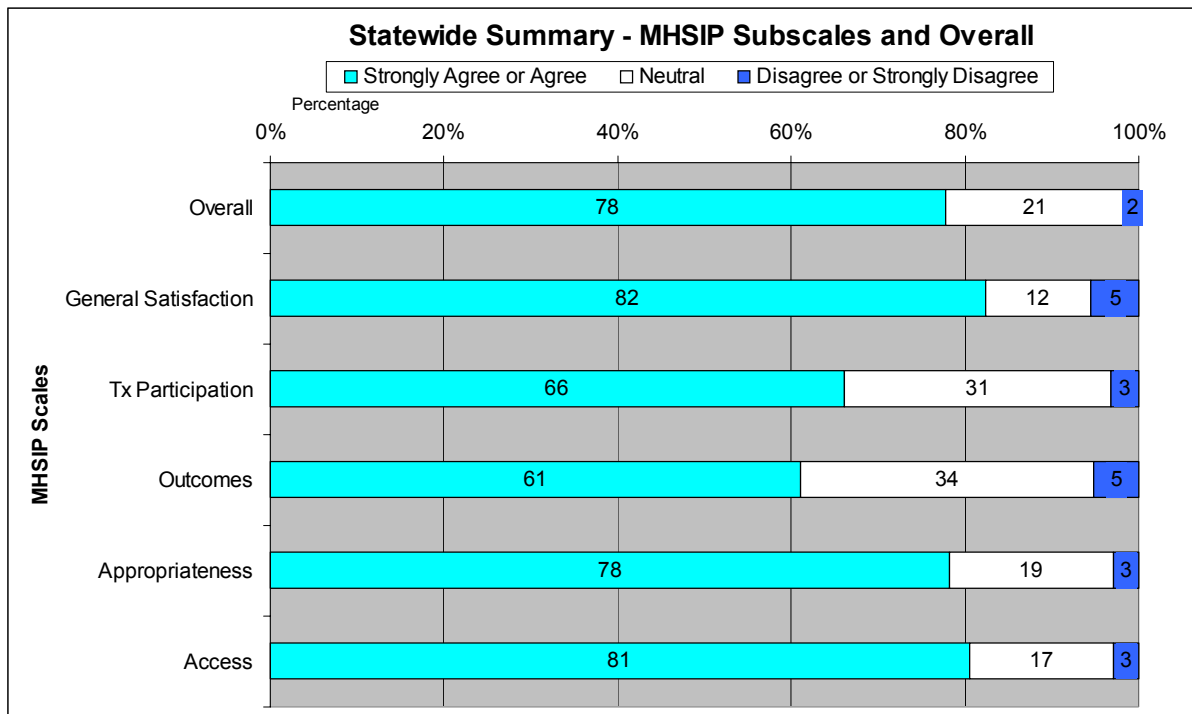
Survey instruments were based on a national instrument being implemented in most states through the MHSIP Program. Consumers were asked to agree or disagree with 28 statements related to the ease and convenience with which they got services (used to compute the domain of Access), the quality of services (used to compute the domain of Appropriateness), the results of services (used to compute Outcomes), and whether they liked the service they got (used to compute General Satisfaction). An additional scale to assess consumer's ability to direct their own course of treatment (used to compute the domain of Treatment Participation) was subsequently defined from two already existing items that had been part of Appropriateness; this domain was then added to the yearly report. Finally, an Overall MHSIP score was defined from the average consumer response to all MHSIP items.

An overall MSHIP score for each consumer was computed as well as a score for each of the five MHSIP domains. A MHSIP score is computed only if two-thirds or more of the questions that comprise the score were answered; otherwise that scale is left blank.

As just defined, scores can range from a low of 1 (the most positive response) to a score of 5 (the least positive response). A consumer whose domain score is less than 2.5 is defined as having been 'satisfied' with that domain. Scores of 2.5 to 3.5 are defined as 'neutral', and scores higher than 3.5 are considered unsatisfied with that domain.

This data will be analyzed and presented based on two different types of scores. The first type will look at whether a consumer has been classified as 'satisfied', 'neutral', or 'dissatisfied' on a particular domain or on the MHSIP overall. A second set of analyses will use the scores themselves as the measure.

The chart below presents the percentage of consumers whose evaluations indicate that they are satisfied, neutral, or unsatisfied as defined above. This was done separately for each domain and for the MHSIP Overall. An inspection of this chart indicates that consumers evaluated services very positively overall and in all five domains. There were an especially high percentage of consumers satisfied in the domains of Access and Appropriateness, as well as with General Satisfaction.



The average score and standard deviation for each domain and for the MHSIP Overall are presented in the table below. Also included is the number (and percentage) of these 334 consumers for whom a score could be computed.

Domain	# (and %) of valid scores from the 334 respondents)	Mean	Standard Deviation
Access (based on 6 items)	328 (98%)	1.94	.73
Appropriateness (based on 9 items)	319 (96%)	2.02	.70
Outcomes (based on 8 items)	325 (97%)	2.28	.79
Treatment Participation (2 items)	316 (95%)	2.10	.79
General Satisfaction (3 items)	325 (97%)	1.88	.85
MHSIP Overall (based on all 28 items)	326 (98%)	2.07	.64

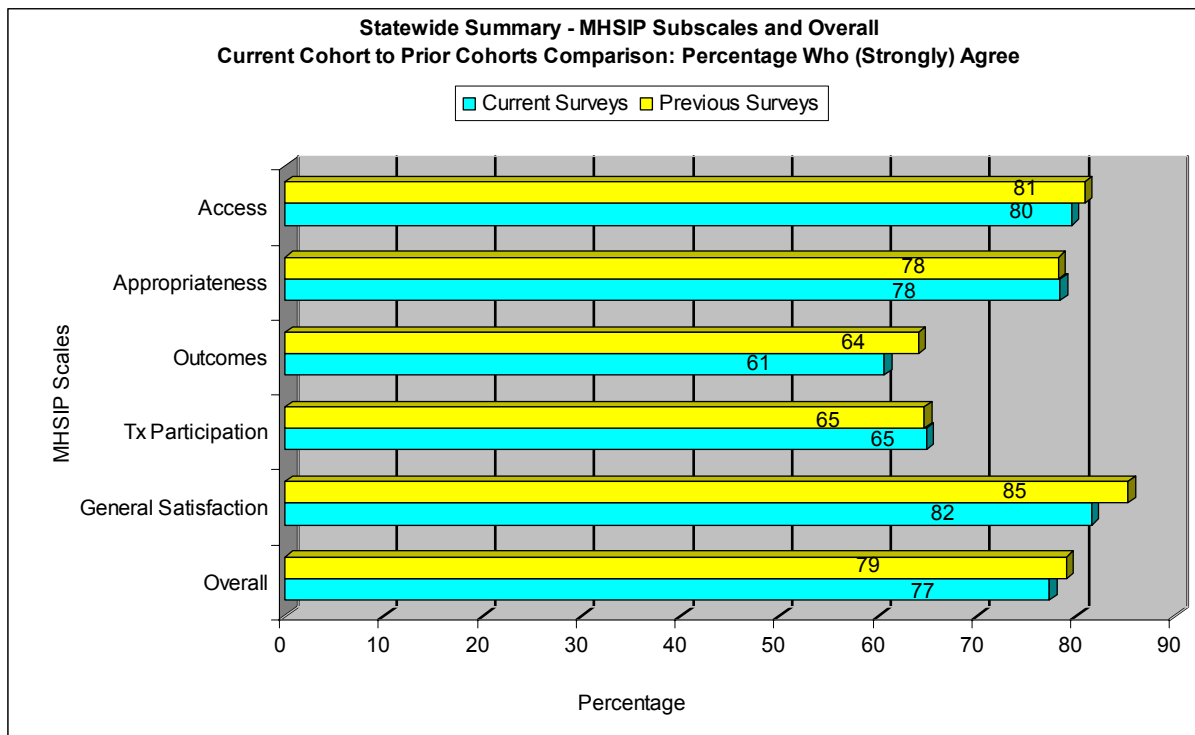
Outcomes is the domain most closely based on actual behavioral outcomes. Consumers consistently rate the domain least positively; they did so in this year's survey as well. Statistically this domain was significantly less positive than any of the other domains. General Satisfaction is the domain least closely based on actual behavioral outcomes. This domain,

along with Access, were the most positively rated; these two domains are statistically significantly more positive than the other three domains. The domains of Appropriateness and Treatment Participation fall between these other two groups.

On a related but independent issue there is a high degree of consistency in the way consumers rate each of these five domains. This year correlations between pairs of domains fall between 0.50 and 0.75.

To a very substantial extent both of the patterns described above hold true for the scores derived from the three previous administrations of the survey as well.

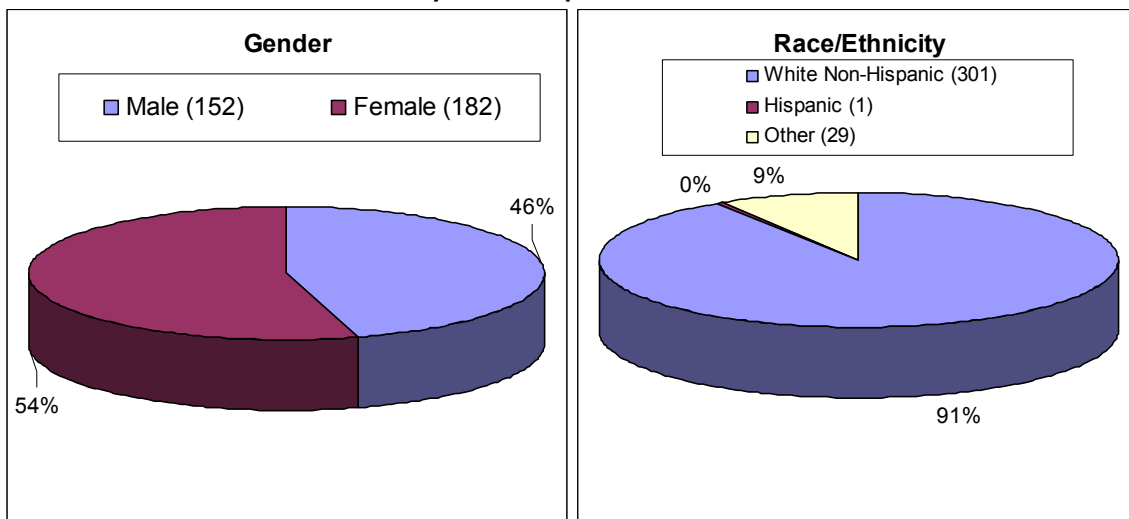
Additional “trend” analyses were carried out to determine whether there were any consistent changes in MHSIP scale scores over the four administrations of the questionnaire. None were found. That is, there is no evidence that, on average, scores on the MHSIP scales have changed. The chart below illustrates this; for responses to this survey compared to all previous surveys it shows the statewide summary of each of the MHSIP subscale (domain) scores along with the MHSIP Overall on the percentage of consumers who are satisfied. These percentages are highly similar.



Below is a table that presents the breakdown of gender with race/ethnicity. The following two charts then present the percentage breakdown.

Count of Individuals Completing Items for two or more MHSIP Domains				
Race/Ethnicity	Male	Female	Unknown	Total
White Non-Hispanic				301
Hispanic				1
Other				29
Unknown				
Total	152	182		334

Gender and Race/Ethnicity of Respondents



% Individuals Completing Surveys (excludes unknown)

Health-related Quality of Life (HRQOL) Scale

Four items were added to this year's adult consumer questionnaire to assess a measure developed by the Center for Disease Control to track health-related quality of life (<http://www.cdc.gov/hrqol>). The four items ask respondents to 1) rate their general health on a 5-point scale from 1 = 'excellent' to 5 = 'poor', 2) rate the number of days in the last month that their physical health was not good, 3) make the same rating for mental health, and 4) rate the number of days in the last month that poor physical or mental health kept the respondent from doing their usual activities. Including this measure in the MHSIP survey of a neighboring state provided further information about respondent's general status and insight

that allowed for a better interpretation of some of the findings. It is hoped that including this measure in the S.D. Year 2003 survey will be equally informative.

The table below reports the number of unhealthy days in the past month from both the original CDC telephone survey for South Dakota and for the FY 2003 Consumer Mail Survey. These results appear to indicate that the South Dakota group rate themselves as less impaired than those in the CDC survey characterized as having emotional problems. It should be noted that the CDC sample of people with emotional problems was small. The method of administration was different in both surveys as well.

		Unhealthy Days	
	#	Physical	Mental
CDC Telephone Survey			
Total	13,244	3.2	2.8
Cancer	44	8.2	12.6
Emotional problem	44	9.4	17.5
Consumer Mail Survey			
Respondents	329	6.8	9.7

Correlations were carried out between the HRQOL and the MHSIP domains to assess the relationship between these two sets of ratings. Few significant relationships were found between the number of physical and of mental unhealthy days and MHSIP domain scores. When there were statistically significant relationships their magnitude was quite small.

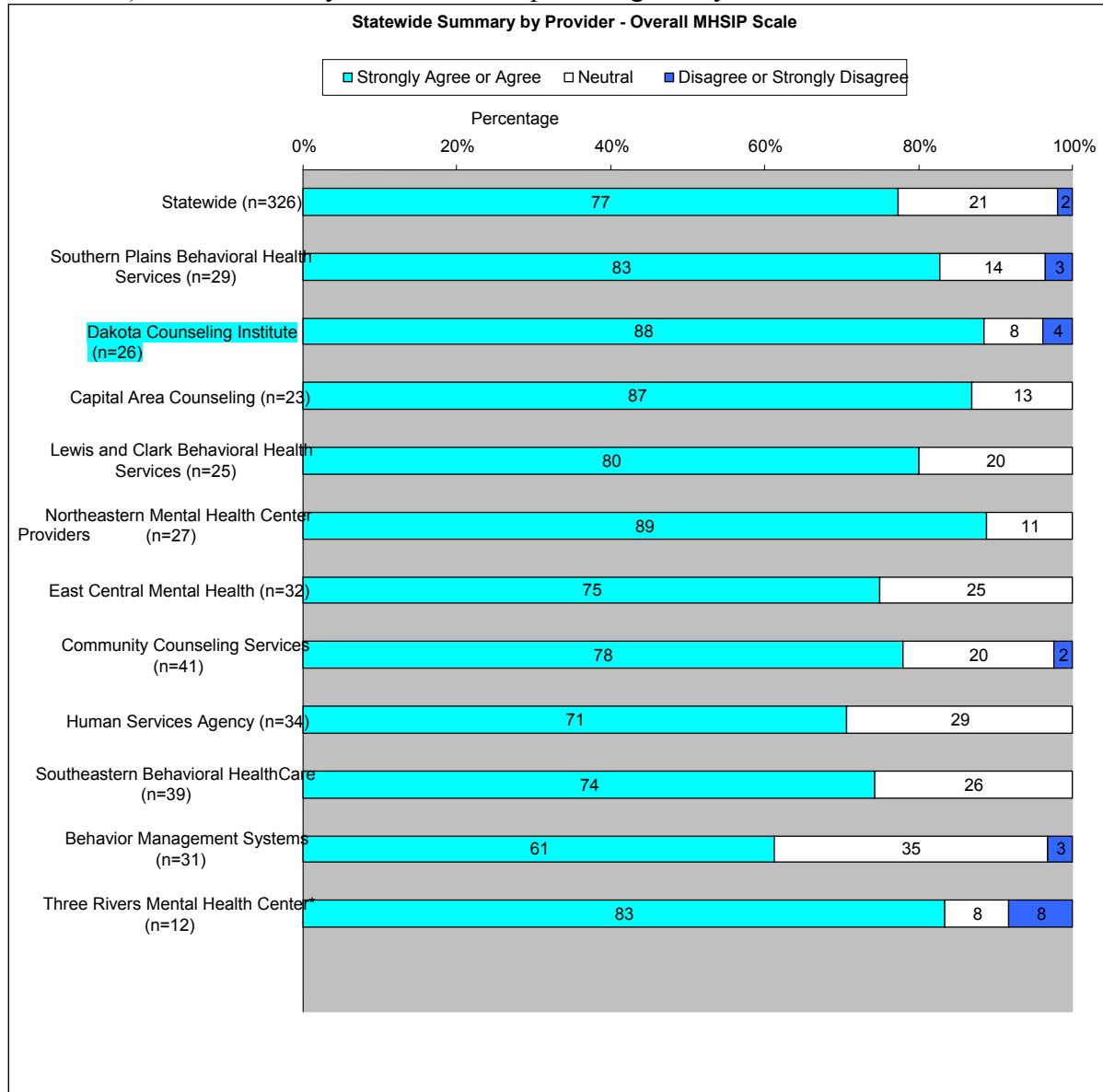
Also of interest was whether respondents who are no longer receiving services compared to those who are reported somewhat fewer days in which mental health was a problem. There was a difference in the expected direction (7.6 vs. 9.7 days respectively), but this difference was not close to being statistically significant ($p > .30$).

Findings by CMHC

Consumer Evaluation of Services by Provider: The graphs that follow provide the percentage of consumers satisfied **overall** and by MHSIP domain. Small differences in percentages between Centers are not meaningful. Many things may account for the differences among the Centers. These include differences in the nature of the Centers themselves, differences in the services they offer, and/or differences in the characteristics of their consumers.

Note that the CMHCs are arranged by their score on the entire set of MHSIP items (MHSIP Overall). It is to be expected that the CMHC(s) with the highest score(s) will not necessarily have the highest percentage of consumers who are satisfied. Categorizing consumers as to whether they are Satisfied, Neutral, or Unsatisfied is a less sensitive measure than the actual score because it converts a scale that can vary between 1.0 and 5.0 into a measure that has only three categories.

Statewide, seventy-seven percent of consumers evaluated services positively (were ‘Satisfied’). This is virtually identical to the percentage last year of 79%.



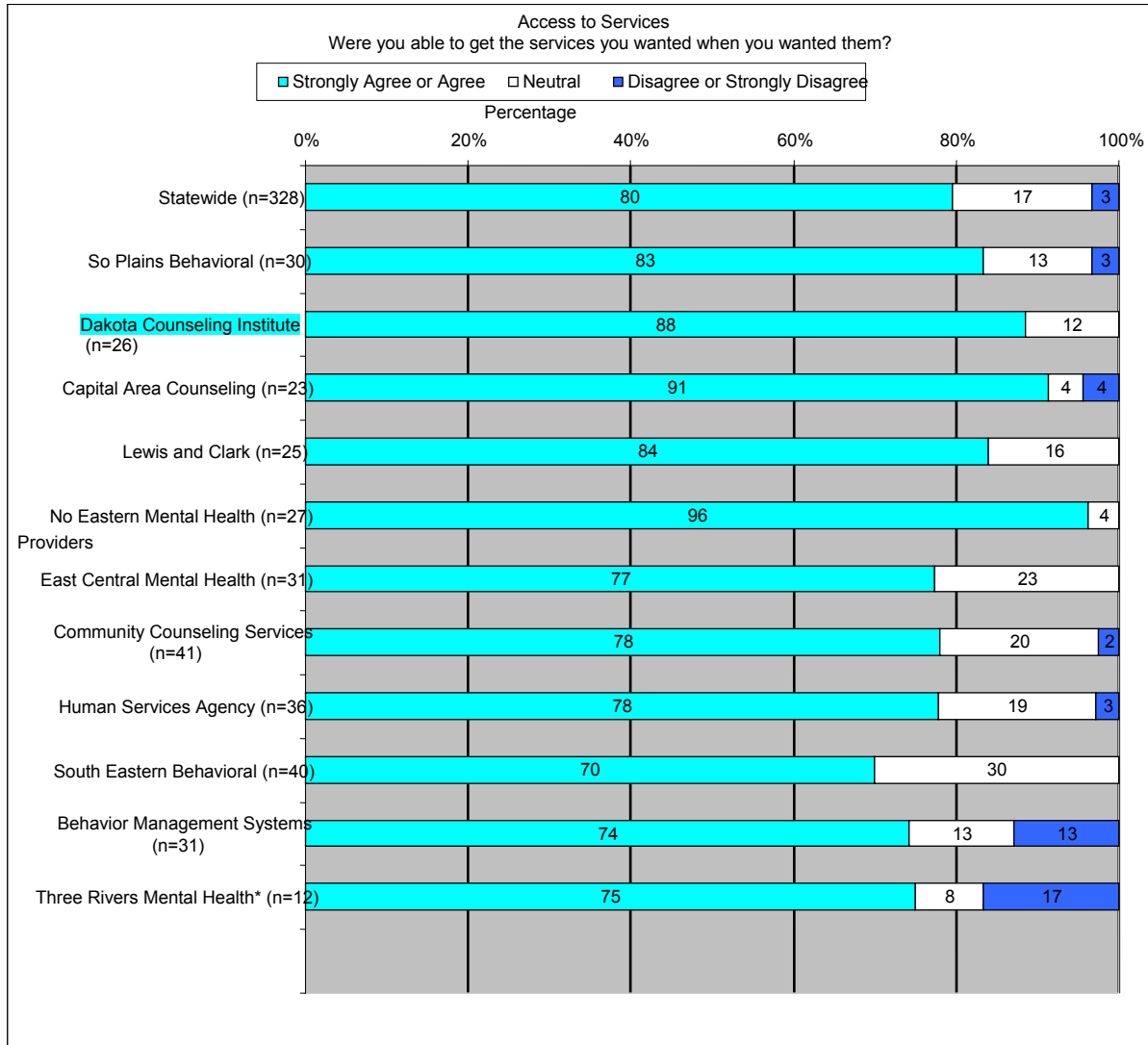
The percentage of consumers who reported themselves “Satisfied” by each CMHC varied between a high of 89% to a low of 61%. It is notable that none of the CMHCs had 10% or more of its consumers ‘dissatisfied’. The table below shows for each CMHC the means and number of respondents for the overall MHSIP summary score.

Southern Plains Behav. Health Svcs	1.88 (33)	Northeastern Mental Health Center	2.08 (27)
Dakota Counseling Institute	1.90 (26)	Behavior Management Systems	2.18 (31)
Capital Area Counseling	1.92 (23)	Human Service Agency	2.19 (34)
Lewis and Clark Behav. Health Svcs	1.98 (25)	Southeastern Behavioral HealthCare	2.21 (39)
East Central Mental Health	2.02 (32)	Three Rivers Mental Health	2.22 (12)
Community Counseling Services	2.06 (41)	Statewide Average	2.07 (326)

In somewhat of a contrast to last year there were no statistically significant differences among CMHCs in their evaluation by consumers for the MHSIP overall or for any of the five MHSIP domains. This was true when all eleven of the CMHCs were included, and also when the smallest CMHC, Three Rivers, was omitted. It should be noted that there were fewer respondents this year than last, and thus fewer data scores to include in the analysis.

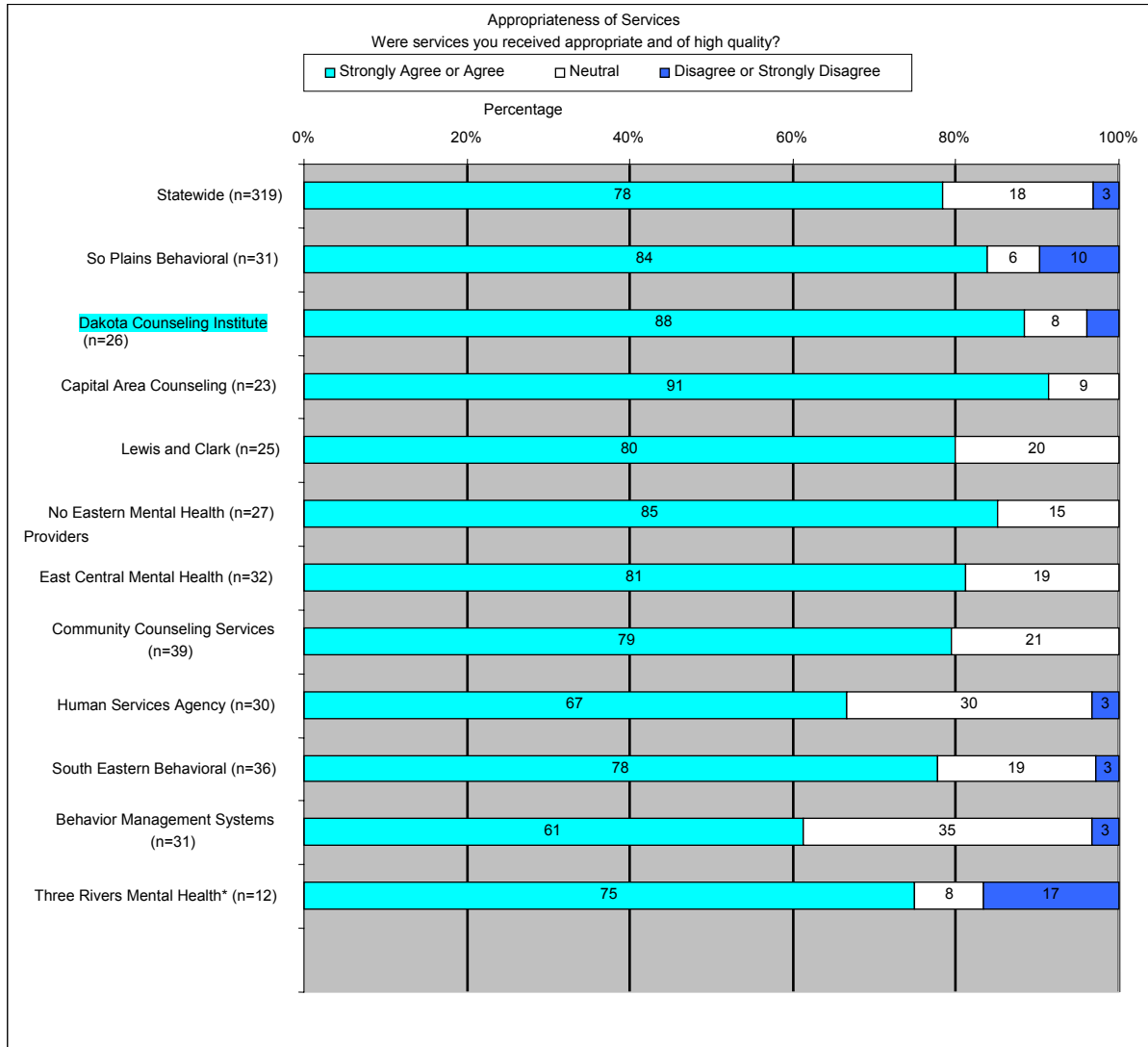
Comparisons among CMHCs for all surveys to date: Results from the data gathered from all four surveys found highly statistically significant differences among all five MHSIP domains and MHSIP overall ($p < .01$ and beyond). Post hoc tests showed that the one consistent difference over all domains and MHSIP overall was that the positive ratings that Southern Plains Behavioral Health Services received were reliably different from at least one if not virtually all of the CMHCs in all analyses. Behavioral Management Services was reliably less positive than two CMHCs in the domain of Access. It also had the lowest or next to lowest average on all five domains and on the MHSIP overall.

The challenge posed for several years now is for the CMHCs to discuss the differences, validate them if possible, consider possible explanations for differences, look for ways to improve services, and finally, to implement strategies to improve services when appropriate. Low scores are not to be construed as negative reflections on CMHCs. At this point it may well be useful to compare and contrast the CMHCs that consistently do well with those that consistently do less well. The effort might best be initiated by conversations between S.D. and WICHE personnel.



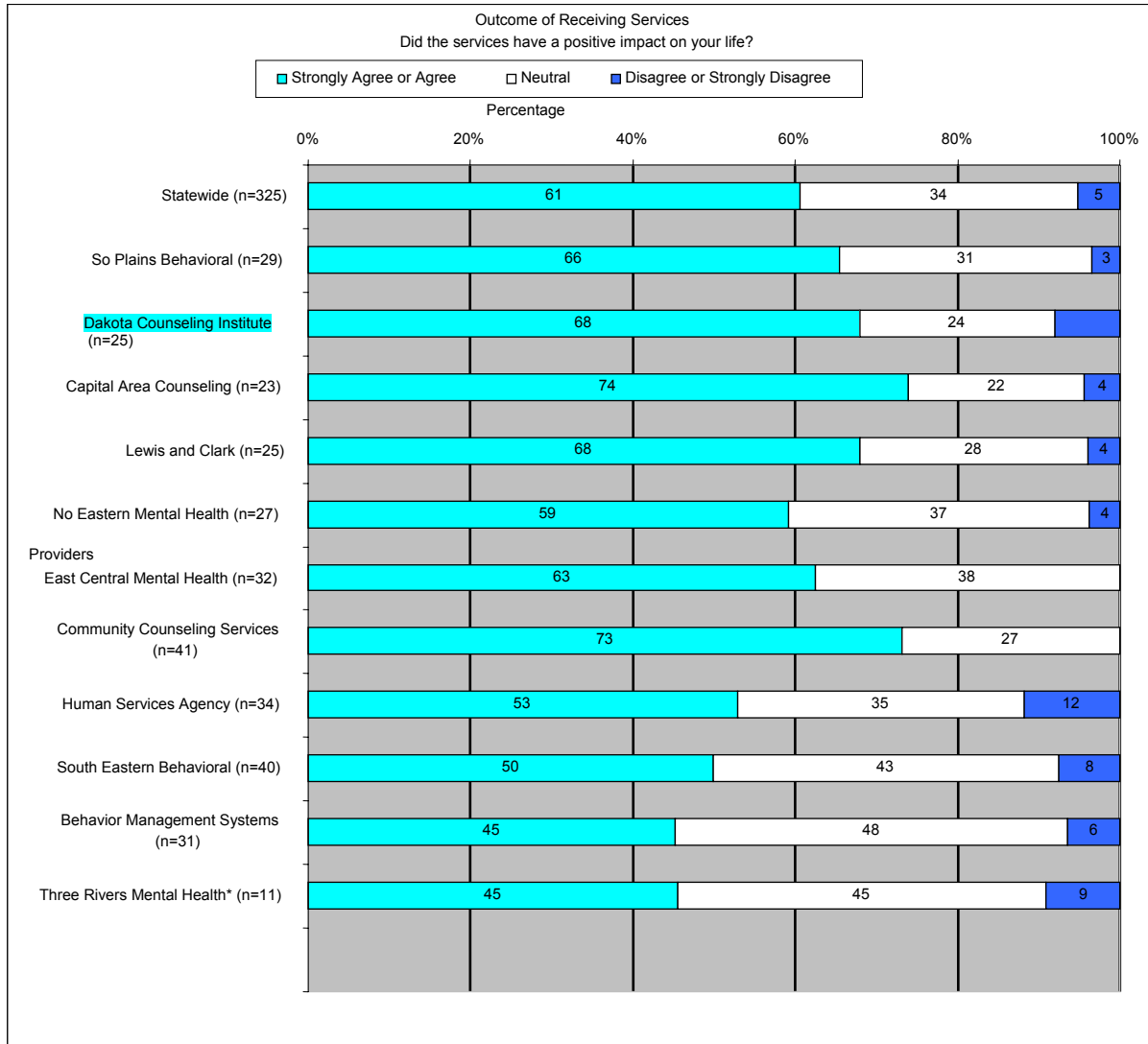
Statewide, 80% of consumers evaluated their access to services positively (strongly agreed or agreed with the positive survey statements assessing the domain of Access). This is identical to the percentage last year of 80%. The percentage of consumers who reported themselves “Satisfied” on this domain varied between a high of 96% to a low of 70%. This is quite a positive finding. Two CMHCs, Behavioral Management Systems and Three Rivers Mental Health, had ‘unsatisfactory’ ratings from more than 10% of its consumers. These were also the two CMHCs with the lowest rating on this domain, on average (see table below).

Southern Plains Behav. Health Svcs	1.77 (34)	Northeastern Mental Health Center	1.81 (27)
Dakota Counseling Institute	1.65 (26)	Behavior Management Systems	2.09 (31)
Capital Area Counseling	1.79 (23)	Human Service Agency	2.00 (36)
Lewis and Clark Behav. Health Svcs	1.88 (25)	Southeastern Behavioral HealthCare	2.08 (40)
East Central Mental Health	1.92 (31)	Three Rivers Mental Health	2.13 (12)
Community Counseling Services	2.01 (41)	Statewide Average	1.94 (328)



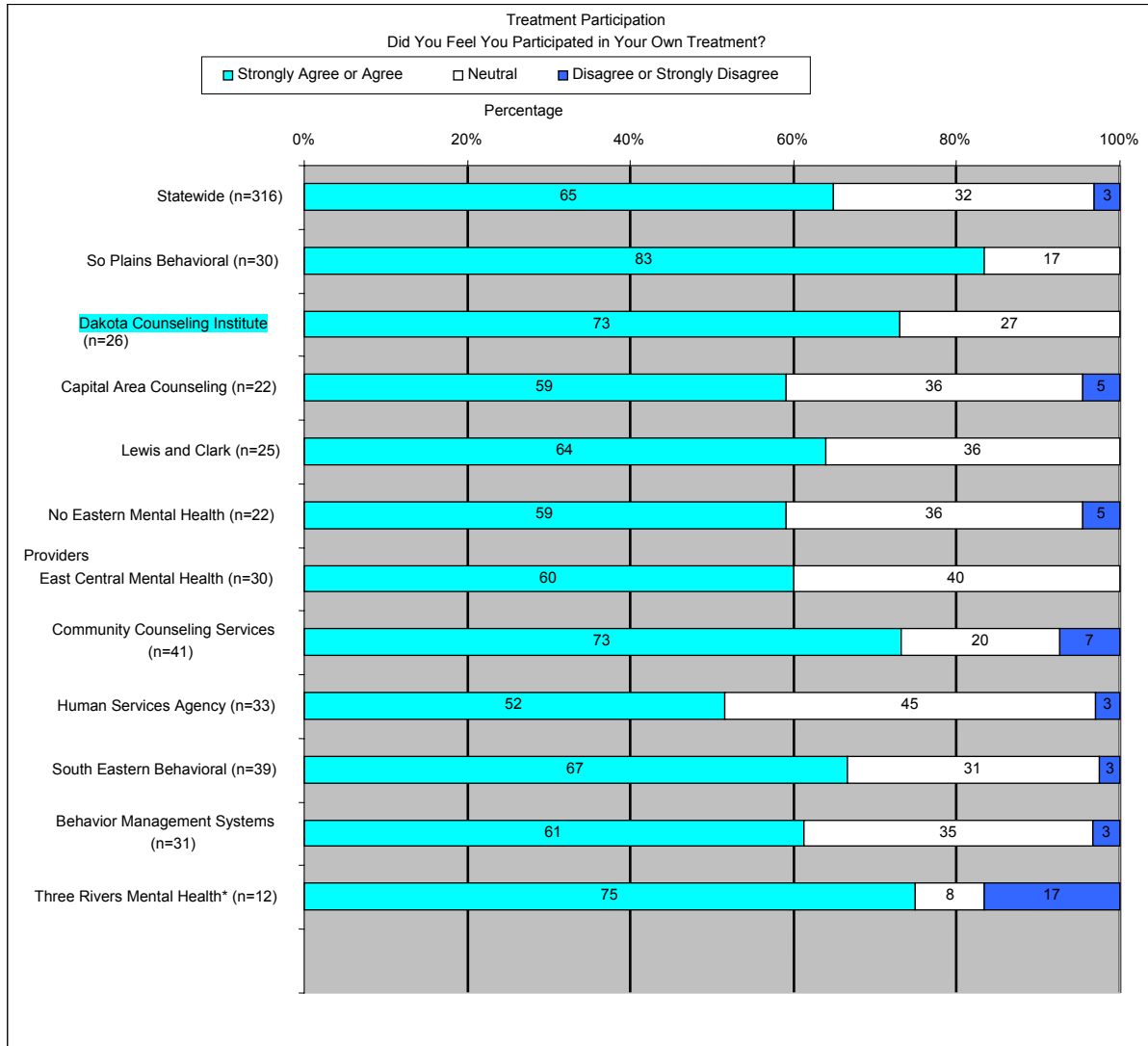
Statewide, 78% of consumers evaluated the quality/appropriateness of services positively (strongly agreed or agreed with the positive survey statements assessing the domain of Appropriateness). This is virtually identical to the percentage last year of 79%. The percentage of consumers who reported themselves “Satisfied” on this domain varied between a high of 91% to a low of 61%. . One CMHC, Three Rivers Mental Health, had ‘unsatisfactory’ ratings from more than 10% of its consumers. This was also the CMHC with the lowest rating on this domain, on average (see table below).

Southern Plains Behav. Health Svcs	1.79 (35)	Northeastern Mental Health Center	2.04 (27)
Dakota Counseling Institute	1.86 (26)	Behavior Management Systems	2.11 (31)
Capital Area Counseling	1.87 (23)	Human Service Agency	2.15 (30)
Lewis and Clark Behav. Health Svcs	1.96 (25)	Southeastern Behavioral HealthCare	2.11 (36)
East Central Mental Health	1.96 (32)	Three Rivers Mental Health	2.23 (12)
Community Counseling Services	2.02 (39)	Statewide Average	2.02 (319)



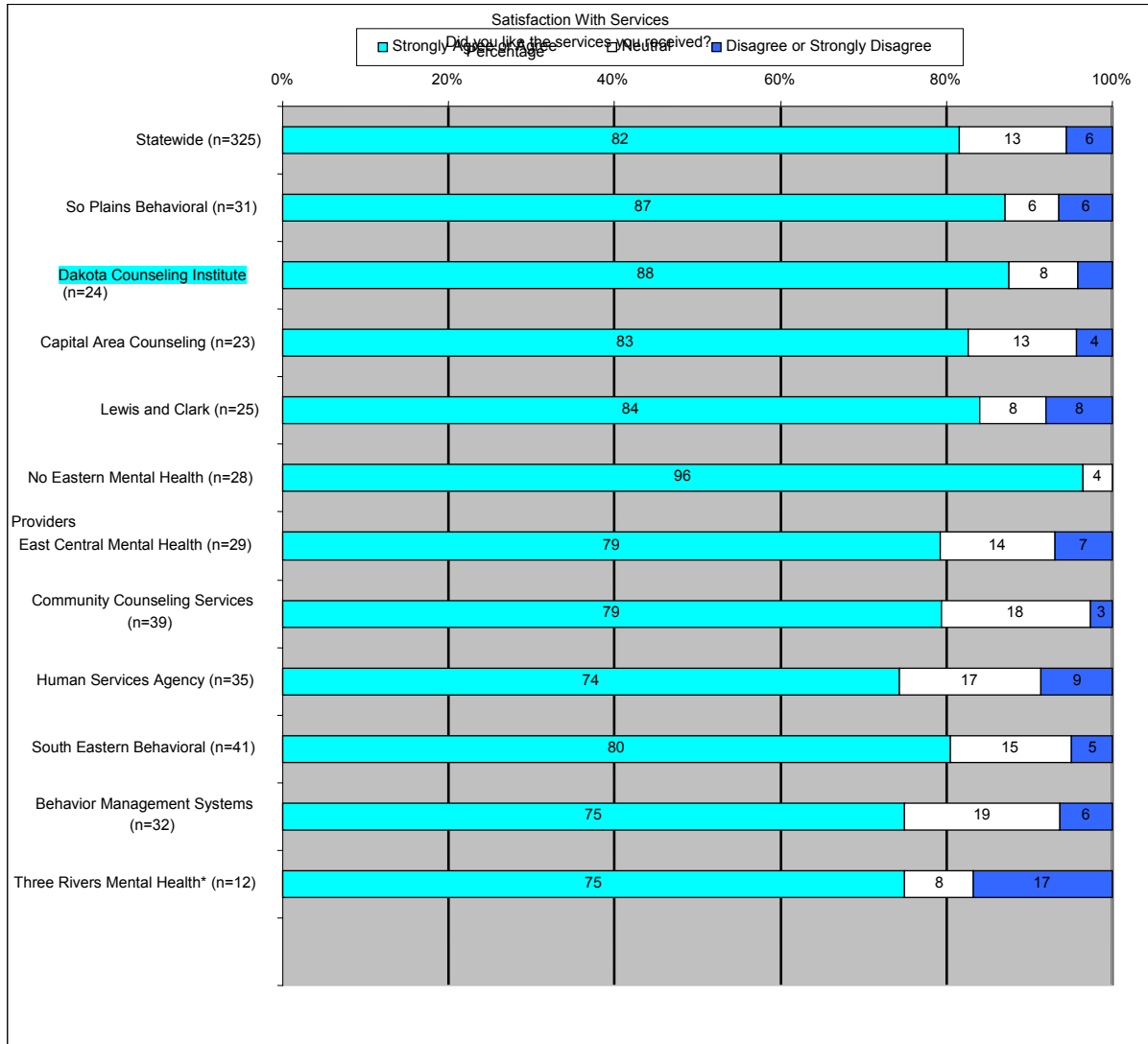
Statewide, 61% of consumers evaluated the outcomes of services positively (strongly agreed or agreed with the positive survey statements assessing the domain of Outcomes). This is lower than the percentage last year of 66%, though the difference is not statistically significant. The percentage of consumers who reported themselves “Satisfied” on this domain varied between a high of 74% to a low of 45%. One CMHC, Human Services Agency, had ‘unsatisfactory’ ratings from more than 10% of its consumers. Other CMHCs had lower ratings on this domain, on average (see table below).

Southern Plains Behav. Health Svcs	1.77 (34)	Northeastern Mental Health Center	2.44 (27)
Dakota Counseling Institute	1.65 (26)	Behavior Management Systems	2.47 (31)
Capital Area Counseling	1.79 (23)	Human Service Agency	2.42 (34)
Lewis and Clark Behav. Health Svcs	1.88 (25)	Southeastern Behavioral HealthCare	2.51 (40)
East Central Mental Health	1.92 (31)	Three Rivers Mental Health	2.34 (11)
Community Counseling Services	2.01 (41)	Statewide Average	2.28 (325)



Statewide, 65 of consumers evaluated their participation in treatment positively (strongly agreed or agreed with the positive survey statements assessing the domain of Treatment Participation). This is very close to the percentage last year of 67%. The percentage of consumers who reported themselves “Satisfied” on this domain varied between a high of 83% to a low of 52%. One CMHC, Three Rivers Mental Health, had ‘unsatisfactory’ ratings from more than 10% of its consumers. Other CMHCs had lower ratings on this domain, on average, however (see table below).

Southern Plains Behav. Health Svcs	1.83 (33)	Northeastern Mental Health Center	2.20 (22)
Dakota Counseling Institute	1.92 (26)	Behavior Management Systems	2.04 (31)
Capital Area Counseling	2.13 (22)	Human Service Agency	2.25 (33)
Lewis and Clark Behav. Health Svcs	2.04 (25)	Southeastern Behavioral HealthCare	2.12 (39)
East Central Mental Health	2.15 (30)	Three Rivers Mental Health	2.20 (12)
Community Counseling Services	2.18 (41)	Statewide Average	2.10 (316)



Statewide, 82% of consumers evaluated their satisfaction with services positively (strongly agreed or agreed with the positive survey statements assessing the domain of General Satisfaction). This is very close to the percentage last year of 84%. The percentage of consumers who reported themselves “Satisfied” on this domain varied between a high of 96% to a low of 74%. One CMHC, Three Rivers Mental Health, had ‘unsatisfactory’ ratings from more than 10% of its consumers. Three Rivers also had the lowest rating on this domain, on average (see table below).

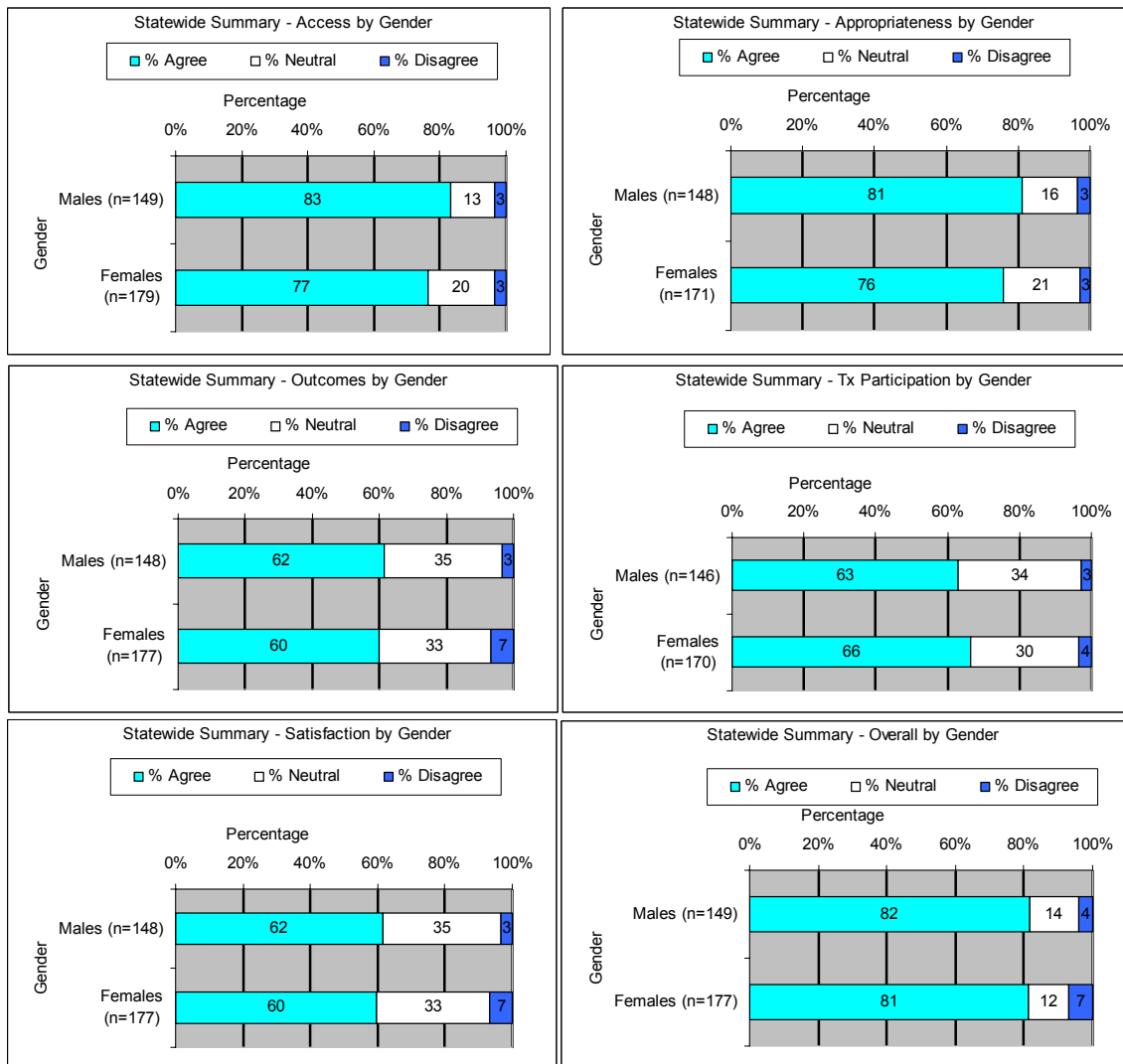
Southern Plains Behav. Health Svcs	1.65 (35)	Northeastern Mental Health Center	1.76 (28)
Dakota Counseling Institute	1.73 (24)	Behavior Management Systems	1.97 (32)
Capital Area Counseling	1.79 (23)	Human Service Agency	2.01 (35)
Lewis and Clark Behav. Health Svcs	1.70 (25)	Southeastern Behavioral HealthCare	1.95 (41)
East Central Mental Health	1.90 (29)	Three Rivers Mental Health	2.19 (12)
Community Counseling Services	1.94 (39)	Statewide Average	1.88 (325)

Demographics (Cultural Competence of Care)

In the following section findings will be presented that compare and contrast different groups of respondents on each of their five domain scores and on the MHSIP overall. The groups to be contrasted include Gender (males vs. females), Age Groups (18 – 34+, 35 – 64+, 65 and above), Race/Ethnicity (white non-Hispanics compared to all others), whether Working for Money in the Community (those that are vs. those who are not), and whether Still Receiving Services from the CMHC (those that are vs. those that are not).

Evaluation of Services by Gender

46% of respondents were male and 54% were female. This represents a 3% increase in male respondents over last year. All individuals identified their gender.



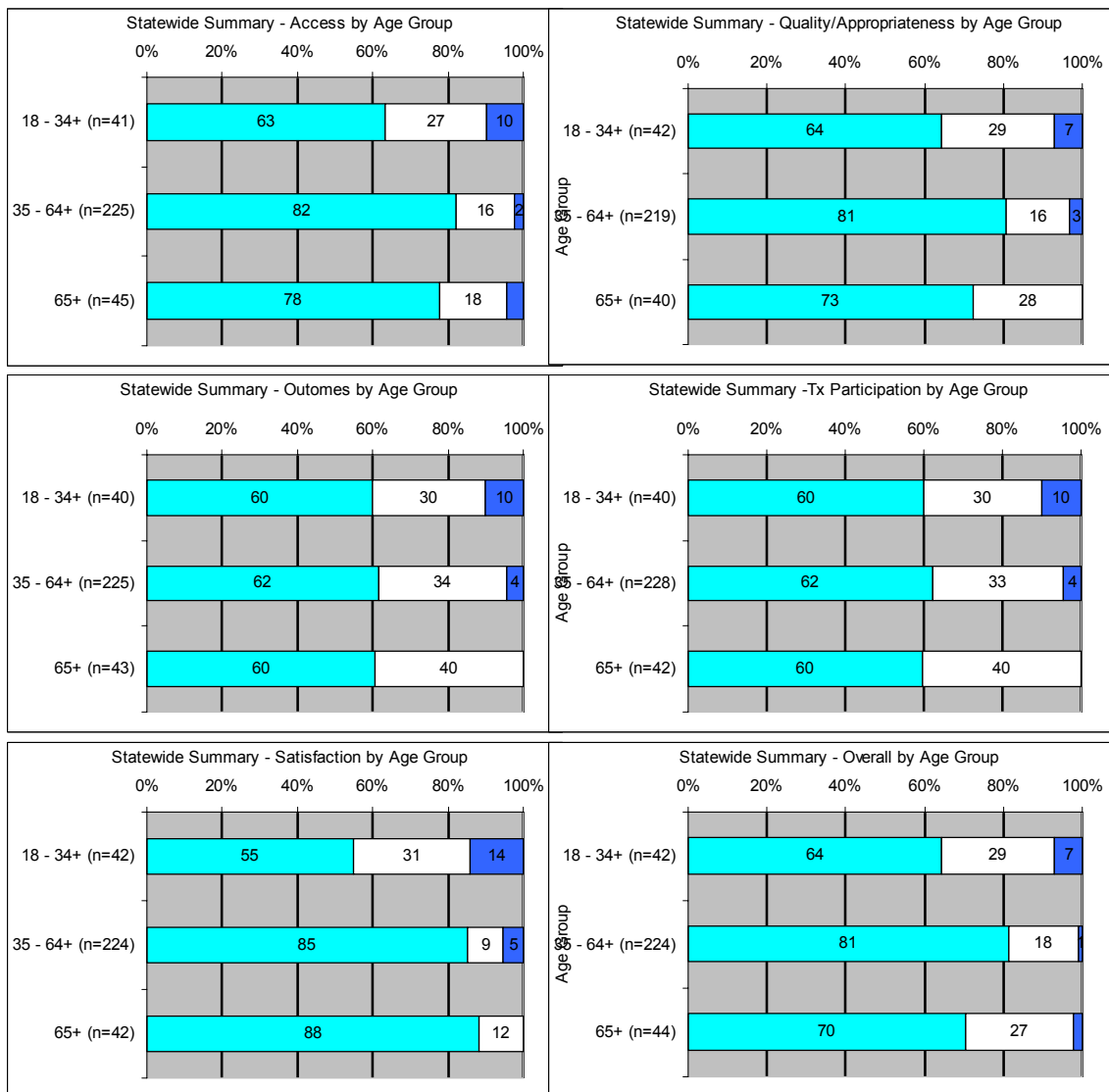
A set of analyses were carried out for Year 2003 data comparing differences among the MHSIP domains and MHSIP overall between genders; consumers' scale scores were used in these analyses. In all analyses there was no evidence of differences as a function of gender

($p > 0.25$ in all cases). Identical results were found when conducting a somewhat less sensitive chi square analysis using gender with the three categories (Agree, Neutral Disagree) in the graphs above.

An analogous set of analyses were carried out for all four cohorts. Again, even with this much larger data set, no differences were found in either set of analyses. This is a quite conclusive indication that there are no meaningful differences between gender overall.

Evaluation of Services by Age Group

Of those responding, 13% of respondents were in the youngest age group 18-34); 72% were in the middle age group (35 – 64); and, 14% were in the oldest age group (65+). Eighteen respondents (5.4% of the total) did not give information about their age.



A set of analyses were carried out for Year 2003 data comparing differences among the MHSIP domains and MHSIP overall between genders; consumers' scale scores were used in

these analyses. Statistically significant differences were found for two domains, Access ($p < .05$) and General Satisfaction ($p < .001$), as well as the overall MHSIP Summary Score ($p < .05$). In both domains and for MHSIP Overall consumers in the youngest age group were significantly less satisfied than were the consumers in the other two age groups. Identical results were found when conducting a somewhat less sensitive chi square analysis using age group with the three categories (Agree, Neutral Disagree) in the graphs above.

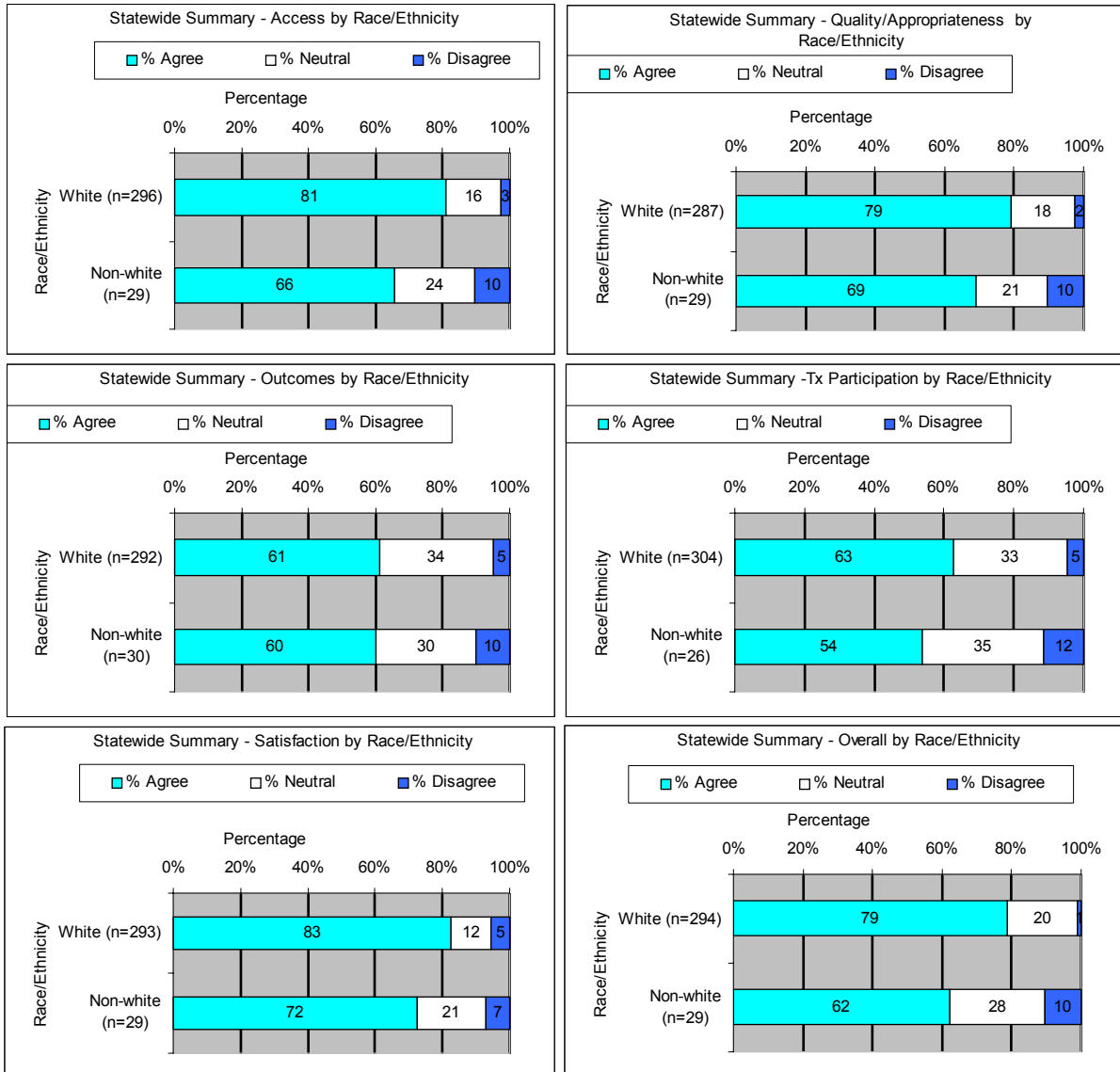
Differences were even more consistent when the entire data set encompassing the responses from all four years of the survey were used. A comparison of the scale scores for each of the three age groups showed a similar same pattern of results as above. That is, age group differences were found for all domains except Treatment Participation, and for the overall MHSIP Summary score as well ($p < .05$ or beyond in all cases) With this larger data set post hoc analysis showed consistent differences among all three age groups. That is, as the age group moved for younger to older there was a steady increase in the positivity of the scale scores.

The chi square analysis had similar findings, with the exception that the domain of Treatment Participation was statistically significant as well. This difference on the surface does not represent an inconsistency. Both sets of analyses showed identical differences among groups.

Thus it appears quite reasonable to conclude that older compared to younger consumers are more positive in their consumer satisfaction scores. Whether this represents a meaningful difference in services received or represents differences in expectations and attitudes among these three cohorts is not possible to determine.

Evaluation of Services by Race/Ethnicity

Of those responding, 91% of respondents were White non-Hispanic while 9% were non-white. Three respondents did not provide this information.



For data from Year 2003 the current set of data analyses were conducted as above. While in general white respondents were more positive than non-whites none of these differences approached statistical significance ($p > .05$ in all cases). Chi square analyses showed similar results.

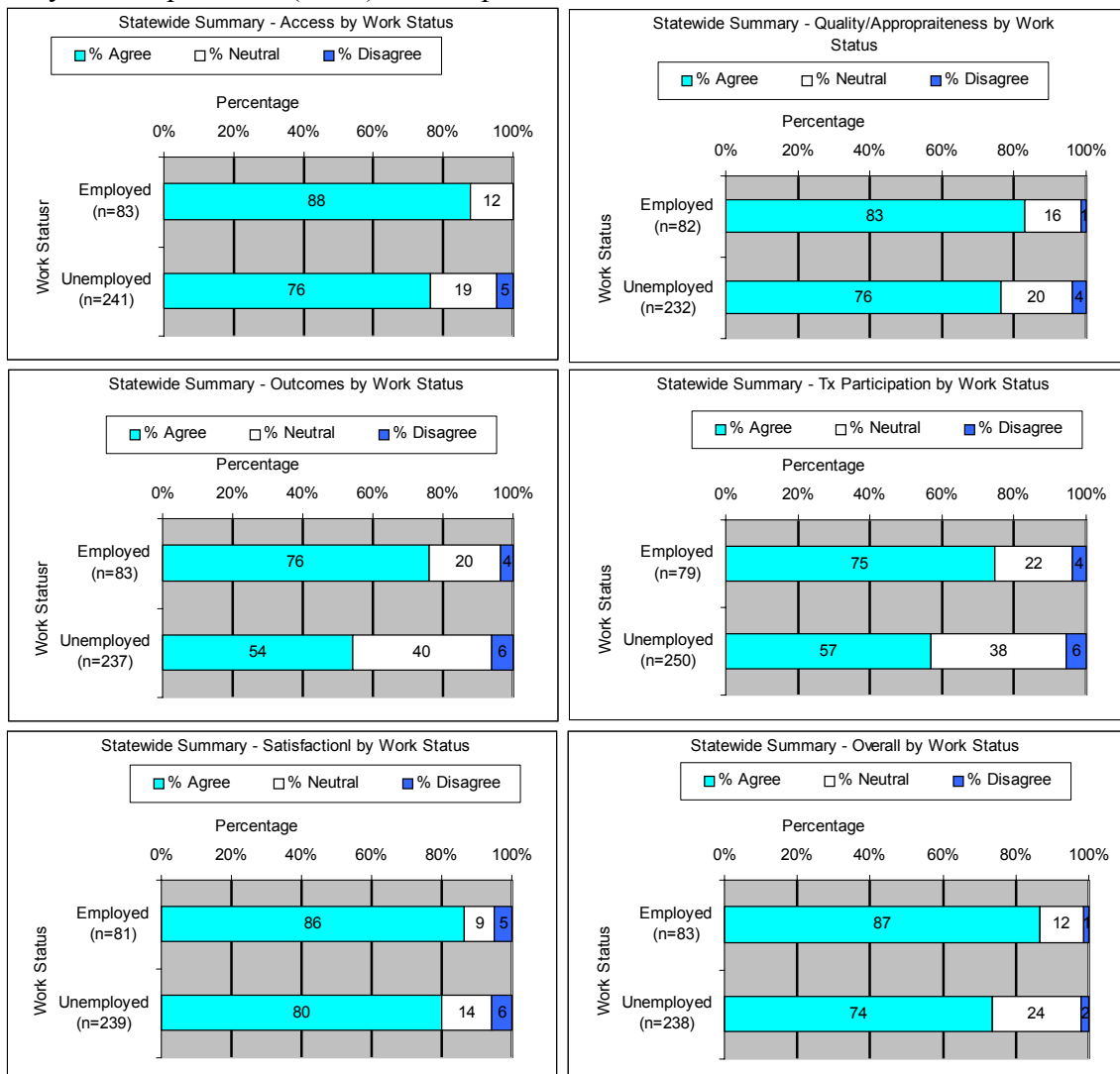
A similar set of analyses were conducted using the entire data set. With the exception of the domain of General Satisfaction there is no evidence that differences exist between whites and non-whites ($p > .20$ in all cases). For the very general domain of General Satisfaction, however, whites were significantly more positive than non-whites ($p < .05$, means of 1.77 vs.

1.95 respectively). Thus while both groups are relatively satisfied, whites are significantly more so. Results from the chi square analysis were identical to the findings just reported. With this analysis whites compared to non-whites were significantly more likely to be satisfied and significantly less likely to be unsatisfied; there were no differences in the percentage that fall in the “neutral” category. It should be noted that the effect size for this result was less than “small”. Thus there is little evidence that this is a clinically meaningful effect.

Thus there were no differences as a function of race/ethnicity except for the very general category of General Satisfaction. This scale score is based on three questions: Would they agree that they like the services received, that they would recommend the agency to others, and that if they had an alternative that they would still get services from this agency. Why this one dimension shows these differences is an interesting issue worth further investigation.

Evaluation of Services by whether Working for Money in the Community

Of those responding, 25% of respondents reported that they were working for money in the community; 75% reported that they were not. This is virtually identical to last year’s survey. Only five respondents (1.5%) did not provide this information.



For the current set of data those working were more positive in their evaluations than those not working. Statistically significant differences were found in the domains of Access, Outcomes, and Treatment Participation, as well as MHSIP overall ($p < .05$ or better in all cases). An analysis of the effect sizes associated with these findings showed that they were in the moderate range; thus these findings are quite clinically meaningful. Analyses based on chi square were, not surprisingly, statistically significant as well.

Analyses using the much larger set of data from all four surveys showed differences only for the domain of Outcomes and for MHSIP Overall. The effect size associated with these findings was less than “small”. Congruent with the effect size categorization analyses based on chi square were not statistically significant.

With respect to the comparison between those working in the community compared to those who are not results seem to vary from survey cohort to survey cohort.. The one possible exception would appear to be the domain of Outcomes, though overall this is not a very clinically meaningful effect.

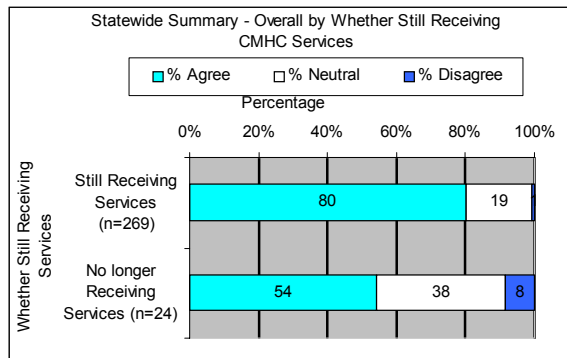
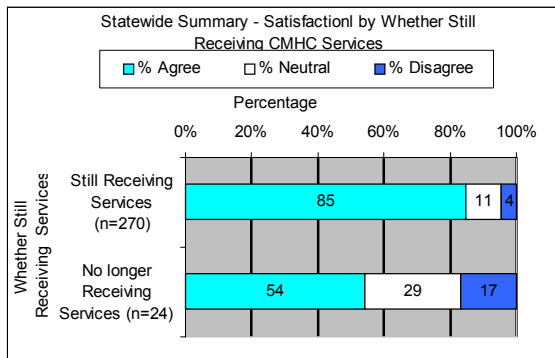
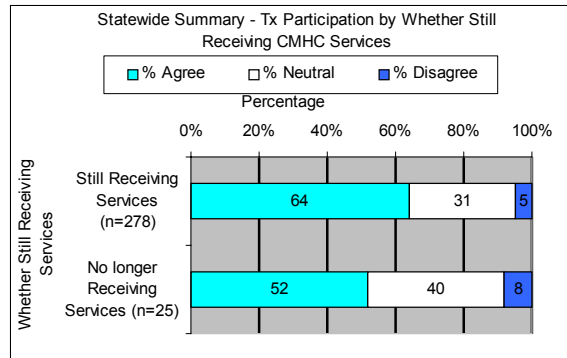
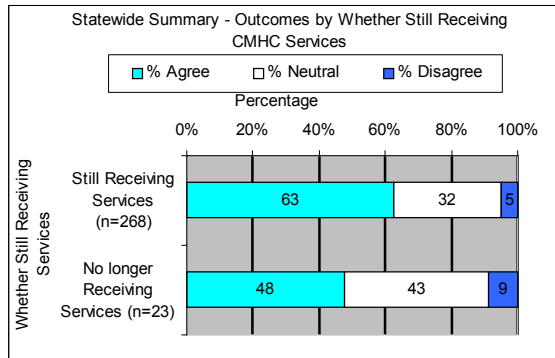
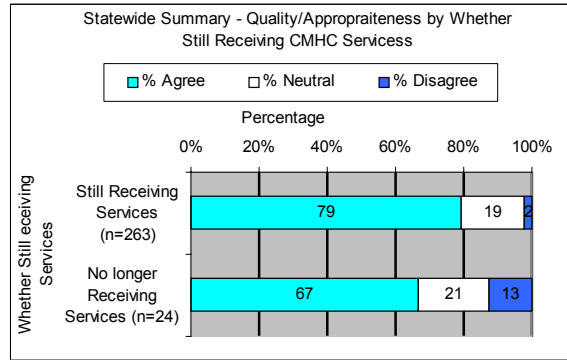
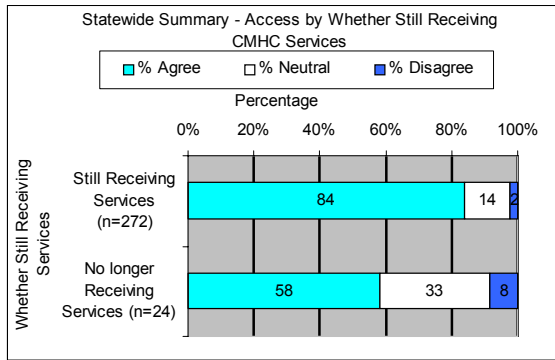
Evaluation of Services by whether Still Receiving Services from their CMHC

Of those responding, 285 (91%) of respondents reported that they were still receiving services from their CMHC, while 28 (9%) reported that they were not. This is approximately the same percentage as last year’s survey. Twenty-one respondents (6.3%) did not provide this information.

As can be seen from the six charts below those still receiving services are substantially more likely to rate themselves as being ‘satisfied’ in each domain and Overall and less likely to rate themselves ‘unsatisfied.’ Highly statistically significant differences were found for all domains as well as MHSIP overall ($p < .01$ or better in all cases) with, surprisingly, the exception of Outcomes. The effect size for these various findings range from moderate-to-large to large. Thus these are quite meaningful clinically. Analyses based on chi square found the same results.

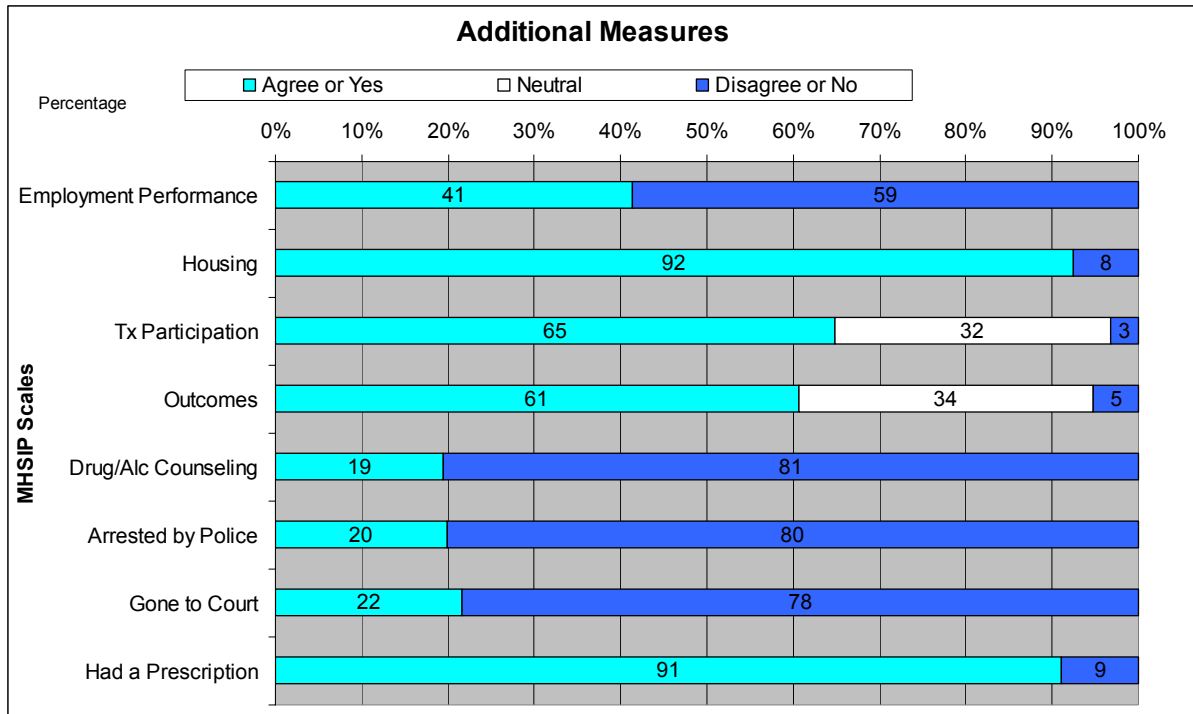
Analyses using the much larger set of data from all four surveys showed highly significant differences for all the domains ($p < .001$). Analyses based on chi square found the same results.

It may not be surprising that those who reported they were no longer receiving services were less likely to rate these domains “satisfactory” as are consumers who are still receiving services. After all, one reason these consumers may no longer be receiving services is that they were ‘unsatisfied’ with the services they were receiving. What may be somewhat more surprising is that the domain with the smallest average difference between the two groups was Outcomes (one-quarter of a scale point in Year 2003, one-half a scale point for all years); the domain with the largest average difference was General Satisfaction (one-half a scale point in Year 2003, a full scale point for all years). This could be interpreted to mean that a consumer’s general feeling or attitude towards a CMHC is more important in continuing services than whether the consumer is achieving desired outcomes. Of course it is still important to remember that the overwhelming percentage of consumers who respond are still receiving services.



Other Measures:

The chart below displays the results from a number of additional measures included in the survey. Employment performance indicated that 41% of respondents are 'employed' by the criteria supplied (working for money in the community, doing volunteer activity, or working in the CMHC); 59% are not so employed. 92% of respondents indicate that they live in (relatively) independent housing, 8% do not.



Sixty-five per cent of respondents agree that they participate in their treatment decisions. A somewhat smaller percentage of respondents (61%) agree that they are satisfied with the outcomes received from their involvement with their CMHC.

Nineteen per cent of respondents are in drug or alcohol counseling or both; 81% report that they are not. Twenty per cent of respondents reported that they have been arrested by the police; eighty per cent have not. Twenty-two per cent of respondents reported that they had gone to court for something they did, while seventy-eight per cent have not. And, ninety-one per cent reported that have had a prescription for a mental or emotional problem while nine per cent had not.

Discussion/Implications:

Historically, CMHCs have valued input from consumers and family by conducting surveys requesting an evaluation of services. This is the third year in which a complete MHSIP consumer survey of adult consumers was done. Specifically there was a Statewide random

sample of adult consumers; all adult consumers who are SMI and had received at least one service within the last three months was included in the sample.

The completion rate for this sample of adult consumers was over 40%, an outstanding result. This testifies in part to the interest and willingness of adult consumers to provide important feedback to South Dakota's Division of Mental Health.

Statewide evaluation of services was very positive overall and particularly for the domains of access, appropriateness, and general satisfaction as well as the overall MHSIP Summary score. Seventy-seven percent of respondents rated themselves as satisfied with the services they received. The domains of Treatment Participation and Outcomes, while still positive, were less positive than other domains. Finding differences between domains speaks to the strength of the MHSIP instrument and the ability of consumers to evaluate domains separately.

Results for FY 2004 were very similar to the results found for FY2003. In fact the results for the past three years suggest that adult consumer's average response on each domain has remained relatively stable. There is no evidence to suggest that any change overall has occurred.

With regard to demographic variables, the percentage by gender, race/ethnicity, and age group are reasonably similar this year to last. There was no meaningful difference as a function of gender. Male compared to female consumers had about the same satisfaction rate for the five MHSIP domains.

A similar lack of results was found for the demographic variable of race/ethnicity. White non-Hispanic consumers compared to non-White consumers have very similar rates of satisfaction for the MHSIP domains. The one exception was a small effect for the domain of General Satisfaction. Whites compared to non-whites rated this domain more positively. It is unclear how to interpret this result given that none of the other more specifically-defined domains showed differences.

In contrast to the above two demographic variables there was a consistent trend for age. That is, the older the age group of the consumer the more positive the ratings. To put it another way younger consumers were the least satisfied group. This relationship held for all MHSIP domains as well as the MHSIP Summary score. Whether these differences represents a meaningful difference in services received or represents differences in expectations and attitudes among these three cohorts is not possible to determine.

The inclusion of the CDC's 4-item HRQOL scale appears to be a useful addition to the survey. This scale provides information on client functioning that supplements the MHSIP questionnaire. It is expected that this added information will provide a useful picture of some important dimensions of adult consumer's lives.

Consumers who reported they were no longer receiving services (9% of the current sample) compared to those who were (91% of the current sample) rated services much less positively. While at first glance this seems like an obvious finding it may still be worth identifying such individuals, when possible, and attempting to find goals that both the consumer and staff can agree on.

For Year 2003 individuals who reported that they were working for money in their community, compared to those who were not, were substantially more positive on virtually all

domains. When all three years of data are included, however, these results either disappear or become so small that they are no longer very meaningful clinically. The fact that only 25% of these SMI consumers report that they are working for money may imply that this is a feasible goal for a much higher percentage of these consumers. In fact 40% of SPMI adult consumers from a neighboring state report that they are working in the community.

There were no statistically significant differences among CMHCs for the current survey. This was due, in part, to the somewhat smaller number of respondents for this year compared to last. Reliable differences were found, however, when data from all three years of the survey are combined. There is evidence that one CMHC is rated more positively while another is rated more negatively than the other nine CMHCs. It may be worth doing a more detailed analysis to determine a) whether these are 'real' differences and more important b) whether there are lessons that can be gleaned to improve mental health services for adult consumers Statewide.